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Comparative Studies of the Medicine of the *Sunna* and *Uganga*

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Introduction

This paper aims to shed light on the medicine of the *Sunna*. The medicine of the *Sunna*, “*tiba ya Kisunna*” in Swahili, is a popular method of treatment and medicinal practice along the East African Coast. In Zanzibar and Dar es Salaam (both in Tanzania), “*tiba ya Kisunna*” is discussed on radiobroadcasts, in books, and in Qur’anic schools and mosques.

However, previous researchers have seldom addressed the practice of the medicine of the *Sunna*. One reason for this is that most researchers have regarded this Islamic medicinal practice as being influenced by African elements. Thus, Islamic medicinal practice is often referred to as “secondary” or “bush learning” (chapter 2). As a result, researchers have scarcely analyzed this medicinal practice, often overlooking its importance. Therefore, in this paper, the Islamic practices of medicine, namely, the medicine of the *Sunna* and *uganga*, have been mainly discussed. *Uganga* is also a method of treatment that includes Islamic elements; however, in the preceding research, it has been regarded as being combined with African elements, similar to the medicine of the *Sunna*. By providing a comparison between the two methods of treatment, I intend to expound on the medicine of the *Sunna* and clarify the people’s present-day views of Islamic practices.

This paper is divided into three chapters. The first chapter describes Prophetic medicine, which is an important basis on which discussions related to Islamic medicinal practices can be furthered. Chapter 2 explains the treatment methods that are practiced in Zanzibar, based on preceding researches and my fieldwork. Finally, in chapter 3, the medicine of the *Sunna* has been compared with *uganga*, and the differences between the two have been highlighted.

I. Prophetic Medicine

1. Definition of Prophetic Medicine¹

First of all, I will clarify the meaning of Prophetic medicine. Here, I will focus on the most

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1 In this chapter, I will refer to the Prophetic medicine of the Sunni. With regard to the Shiah, they have the “medicine of the imāms (*ṭibb al-a‘imma*).” These works by the Shiah, which trace their medical traditions to ‘Alī, their first Imam and son-in-law of the Prophet, date back to the ninth century [Rahman 1982: 83]. The text that is among the oldest in this genre is *The Golden Note on the Basic Rules and Applications of Medicine (al-Risāla al-Dhahabīya fī Uṣūl al-Ṭibb wa-Furū‘ihi)* that has been traditionally ascribed to the eighth Shiah Emām Rezā (765–818). The content of the treatise indicates the strong influence of Galenic medicine. Further, while the Prophet is not mentioned in the text, some of the expressions are clearly extracted from his sayings [Perho 1995: 62]. Shiah medicine appears to lay an extraordinary emphasis on “nature-cure.” Thus, although the Sunni writers never actually opposed the use of medicines, the Shiah texts espouse the use of medicines only when there are no other alternative and the complaint is unbearable [Rahman 1982: 83; Savage-Smith 1996: 928].

famous work on Prophetic medicine written by Ibn Qayyim al-Jawzīya (Muḥammad ibn Abī Bakr Ayyūb ibn Sa‘d al-Zar‘ī al-Dimashqī, d. 1350). Ibn Qayyim was a Hanbalite *ulama*. He studied exegesis of the Qur’an, Islamic traditions, Islamic law, and so on. Further, he was interested in Sufism [Perho 1995: 41]. His book, titled “Medicine of the Prophet,” is actually part of a larger book that is divided into four volumes, titled *Provisions of the Hereafter in the Guidance of the Best of Servants (Zād al-Ma‘ād fī Hudā Khayr al-‘Ibād)*. This is a hadith book in which Ibn Qayyim relates the occurrences in the life of the Prophet, and subsequently uses them to formulate general rules of proper conduct for both daily life and rituals. Moreover, he addresses medical issues with the intention of demonstrating that the Prophet’s examples can be used to respond to questions related to medicine and treatment [Perho 1995: 42]. The contents of this treatise are as follows.²

Muslim relates in his *Ṣaḥīḥ*, from the hadith of Abū al-Zubayr, from Jābil b. ‘Abd-Allāh, from the Prophet:

To every disease there is a remedy, and when the remedy to the disease is found, he is cured, by the permission of God, the Glorious One (Muslim *Ṣaḥīḥ*).

In the *Musnad* of Imām Aḥmad, from the hadith of Ziyād b. ‘Alāqa, from Usāma b. Sharīk, the following is stated:

I was with the Prophet, when some Bedouin came and asked: “O Messenger of God, should we treat the sick?” He replied: “Yes, O servants of God, treat your sick. For indeed God, the Glorious One, did not make any disease without making healing for it, except for one disease” [Johnstone 1998: 9–10, emphasis added].

Thus, given the above, it can be concluded that Prophetic medicine allows for medical treatments. This view is opposed to the idea of *tawakkul*. *Tawakkul* is a *Sūfī* practice in which an individual relies completely on God, abandoning all self-will. *Tawakkul* is achieved through training and guidance. Therefore, some *Sūfīs* do not allow medical treatment on themselves.

1-1. Components of the Body

Since the human body is made up of different components such as earth, air, and water, the Prophet spoke of food, breath, and drink. However, many physicians have discussed and questioned this, stating that fire is also a component of the body. The difficulty as perceived by Ibn Qayyim is how the fire could have descended from the upper spheres, or could have come into being within the body; this is because any fiery components would have been transformed by the greater quantity of watery components. But the strongest argument is the Qur’anic one: Mankind is created from clay, whereas Iblīs is created from fire. Therefore, the warmth of the body is introduced from external sources and is not an

² In this paper, I refer to the book of Ibn Qayyim al-Jawzīya (translated by P. Johnstone) entitled *Medicine of the Prophet*.

essential component [Johnstone 1998: 13–14].

1-2. Illness of the Heart

In Prophetic medicine, illness is divided into two types: illness of the heart and illness of the body. Further, illness of the heart is of two kinds: illness of uncertainty and doubt, and illness of desire and temptation. Both these illnesses have been mentioned in the Qur'an.

With regard to the illness of uncertainty, for example, the Qur'an states as follows: "In their hearts is an illness; and Allah has increased their illness" (Q 2: 9). "That those in whose hearts is an illness, and the unbelievers, may say: What does Allah mean by this as a parable?" (Q 24: 47–49)

Concerning the illness of desires, there is a verse in the Qur'an that states the following: "O wives of the Prophet! You are not like any other women. If you fear God, do not be too complaisant in your speech, lest one in whose heart is illness should desire you" (Q 33: 32) [Johnstone 1998: 3–4].

Further, it is believed that treatments of the illness of the heart can be learned from the prophets. For example, for anxiety, the following hadith is quoted; it is reported in the two *Ṣaḥīḥs* from the hadith of Ibn 'Abbās, that the Messenger of God, in the time of anxiety would state: "There is no god but God, the Mighty, the Clement; there is no god but God, the Lord of the mighty throne; there is no god but God, Lord of the seven heavens and Lord of the earth, Lord of the noble throne" [Johnstone 1998: 148].

1-3. Illness of the Body

With respect to the body, it is stated that in order to maintain one's health, the exclusion of harmful materials and protection are the most important. It is believed that the following ten things can cause harm to the body, if blocked or restrained: blood when it is agitated, semen when it is moving, urine, feces, wind, vomiting, sneezing, sleep, hunger, and thirst [Johnstone 1998: 5].

Medicine related to the treatment of the illness of the body is categorized into two types. The first one is in accordance with God's creation of the animals, and it does not require the intervention of a physician. For example, hunger, thirst, feeling cold, and weariness can be treated by eating, drinking, covering oneself, and resting, respectively, thereby putting an end to the problem. The second type is that which requires thought and reflection, such as repelling "similar" illnesses that occur in one's temperament, thus unbalancing the equilibrium; this holds regardless of whether one is erring towards heat or cold, dryness or moisture, or a combination of both [Johnstone 1998: 5–6].

1-4. Use of Medicine

In Prophetic medicine, everyday food and drink items are used as medicine. For example, honey is the most valuable medicine because it removes impurities from the veins, the intestines, and everywhere else, and it dissolves the moistures when it is consumed or used for

embrocation. Further, honey is beneficial for old people and those with excess phlegm; it also helps those with a cold and moist temperament [Johnstone 1998: 23–24].

Furthermore, honey has also been mentioned in a hadith narrated by Abū Sa‘īd as follows: A man came to the Prophet and said, “My brother has some abdominal trouble.” The Prophet said to him “Let him drink honey.” The man came for the second time and the Prophet said to him, “Let him drink honey.” He came for the third time and the Prophet said, “Let him drink honey.” He returned again and said, “I have done that”. The Prophet then said, “Allah has said the truth, but your brother’s abdomen has told a lie. Let him drink honey.” So he made him drink honey and he was cured [al-Bukhārī 1994: 873].

In Prophetic medicine, Qur’anic verses are also used. The most popular one is the Sūra al-Fātiḥa, and the hadith quoted below (narrated by Abū Sa‘īd al-Khudrī) provides the reason for this: Some of the companions of the Prophet came across a tribe amongst the tribes of the Arabs, and that tribe did not entertain them. While they were in that state, the chief of that tribe was bitten by a snake (or stung by a scorpion). They said, (to the companions of the Prophet), “Have you got any medicine with you or anybody who can treat with *ruqya*?” The Prophet’s companions said, “You refuse to entertain us, so we will not treat (your chief) unless you pay us for it.” So they agreed to pay them a flock of sheep. One of them (the Prophet’s companions) started reciting the Sūra al-Fātiḥa and gathered his saliva and spat it (on the snake-bite). The patient was cured and his people presented the sheep to them” [al-Bukhārī 1994: 873].

In this regard, Ibn Qayyim has also written about his own experience. When he was in Makka, he became ill and could not find any physician or obtain any medicine, so he treated himself with the Sūra al-Fātiḥa. He took a draught of water from the Zamzam, recited the Sūra al-Fātiḥa over it several times, and then drank it. After this, he was completely cured. Subsequently, Ibn Qayyim came to rely on this method of treatment and used it for many different kinds of pains and illnesses, always receiving considerable benefit [Johnstone 1998: 134].

For other treatments such as incantations for scorpion stings, itching, serpent bites, ulcers, wounds, and pain, the verses of the Qur’an, which are mentioned in the hadith, are provided in Ibn Qayyim’s book [Johnstone 1998: 136–141]. This book also includes a list of ninety-five different types of food and drink items and the use of charms, both in alphabetical order.

Moreover, this book explains the manner in which one should recite the verses of the Qur’an for the purpose of treatment. While this book espouses the recitation of verses from the Qur’an, other works on Prophetic medicine mention the use of Qur’anic verses written on paper and cloth. For example, in *The Book of Mercy in Medicine and Wisdom (Kitāb al-Raḥma fī al-Ṭibb wa-al-Ḥikma)* attributed to Jalāl al-Dīn Abū al-Faḍl ‘Abd al-Raḥmān b. Abī Bakr al-Khuḍayrī al-Suyūṭī (d. 1505), we find explanations on how to make talismans and charms by using Qur’anic verses and Arabic words.

2. Historical Background of Prophetic Medicine

2-1. Beginnings

By the mid-ninth century, the hadith were including chapters devoted to traditions related to medicine [Conrad 1995: 124]. In the most famous of these collections, the *Saḥīḥ* by al-Bukhārī (d. 870), eighty paragraphs, or about 2.3% of the entire collection, more or less directly pertain to medical questions. The author has grouped these paragraphs into two chapters, one “on the sick” and the other “on healing” [Bürgel 1976: 54–55].³ It should be noted that the initial works were primarily collections of the medical hadith without any explanation. In addition, many of the authors were hadith scholars and Islamic *ulama*, not doctors [Bürgel 1976: 58; Perho 1995: 76; Savage-Smith 1996: 928].

The oldest existing work of the prophetic medicine is written by the hadith scholar Ibn Sunnī (Aḥmad ibn Muḥammad ibn Sunnī al-Dīnawārī, d. 974) [Perho 1995: 54; Savage-Smith 1996: 928]. Thereafter, various scholars wrote about Prophetic medicine, albeit most of these works were still collections of the hadith and were not analyzed medically.⁴

The further development of Prophetic medicine witnessed the involvement of not only hadith scholars and *ulama* but also doctors [Perho 1995: 56]. The oldest treatise containing a professional analysis is ascribed to Muwaffaq al-Dīn Abū Muḥammad ‘Abd al-Laṭīf b. Yūsuf al-Baghdādī, although the book was actually assembled by his student. The book is titled *Forty Medical Traditions Taken from the Sunan of ibn Māja and Their Commentary by Doctor ‘Abd al-Laṭīf al-Baghdādī, Prepared by his Student Muḥammad ibn Yūsuf al-Birzālī (al-Arba‘īn al-Ṭibbīya al-Mustakhrāja min Sunan Ibn Māja wa-Sharḥuhā lil-‘Allāma al-Ṭabīb ‘Abd al-Laṭīf al-Baghdādī ‘amala Tilmīdhuhu al-Shaykh Muḥammad b. Yūsuf al-Birzālī)*. ‘Abd al-Laṭīf al-Baghdādī was born in Baghdad. He spent many years in Syria and Egypt and was a philosopher and doctor. Moreover, he was also interested in the hadiths. In addition, some of his pupils became doctors and others became hadith scholars.⁵ The works of his students were mostly medical collections, albeit some also included medical comments [Perho 1995: 56–58].

3 Prominent hadith scholars were active in Baghdād during the Abbasid era, and they were closely associated with one another. Those were Abū ‘Īsā Muḥammad b. ‘Īsā al-Tirmidhī (825–892), Aḥmad b. Ḥanbal (780–855), Abū Dāwūd Sulaymān b. al-Ash‘ath al-Sijistānī (817–889), Abū ‘Abd al-Raḥmān Aḥmad b. ‘Alī al-Nasā‘ī (830–915), and so on [Perho 1995: 40].

4 Some of these works include those of Hanafī scholar Abū ‘Abbās Ja‘far b. Muḥammad al-Mustaghfir al-Nasafī (d. 1041), Hanbali theologian Abū al-Faraj ‘Abd al-Raḥmān b. al-Jawzī (d. 1200), hadith scholar and historian Ḍiyā‘ al-Dīn Muḥammad b. ‘Abd al-Wāḥid b. Aḥmad al-Maqdisī al-Ḥanbalī (d. 1245), and Hanbali scholar and hadith scholar Shams al-Dīn Muḥammad b. Abī al-Faṭḥ al-Ba‘lī (d. 1309) [Perho 1995: 54–6].

5 Muḥammad b. Yūsuf al-Birzālī (d. 1239), Aḥmad b. Yūsuf al-Tifāshī (d. 1253), ‘Alī b. ‘Abd al-Karīm b. Tarkhān b. Taqī al-Ḥamawī, etc. [Perho 1995: 56].

2-2. Development

In the thirteenth and fourteenth centuries, Prophetic medicine developed to include the teachings of Greek medicine [Perho 1995: 11, 63, 76]. While many of the authors of Prophetic medicine recognized the efficiency of Greek medicine, they rejected all non-Islamic contents such as the use of alcohol [Perho 1995: 79, 84; Savage-Smith 1996: 927].

According to Perho, the following three authors contributed significantly to the development of Prophetic medicine: al-Dhahabī, Ibn Qayyim al-Jawzīya, and Ibn Muflīh.⁶ All three authors were contemporaries living in Damascus during the Turkish Mamlūk period. Further, they were all pupils of Ibn Taimīya (Taqī al-Dīn Aḥmad ibn Taymīya, 1258–1326), who was a Hanbalite [Perho 1995: 5, 11, 34, 82]. Additionally, all of them followed the doctrines of Hanbalite theology [Perho 1995: 63].

In pious circles, the study of Hellenistic sciences had never been positively regarded. In fact, most of these people seemed to believe that such sciences were a threat to the position of the religious sciences; consequently, they hoped to alienate such sciences from the center of scholarly interest. In 1229, the Ayyubid ruler of Damascus al-Malik al-Ashraf issued a prohibition against the study of Hellenistic sciences; moreover, he encouraged the study of the sciences of the hadith, *tafsīr*, and *fiqh*. A similar attitude prevailed during the Mamlūk era. Ibn Taimīya wrote that only those sciences that were inherited from the Prophet were beneficial and could be termed a science (*‘ilm*) [Perho 1995: 79–80]. However, Ibn Taimīya did not completely deny Hellenistic sciences. In fact, he showed his respect for Greco-Islamic medicine by quoting a saying ascribed to Hippocrates in which Greek medicine was claimed to be above that of the idolaters and old women [Perho 1995: 71].

Moreover, in Damascus during the Mamlūk era, the majority of the people did not visit hospitals for medical help; most people preferred to be treated at home, where the choice of the type of treatment could also be made. In fact, Greco-Islamic medicine was not the only acceptable method for treating illnesses. Depending on the nature of the illness and the diagnosis, various treatment options, such as home remedies, physician’s advice, prayers, and visits to the graves of holy men, were available from a large variety of existing alternatives [Perho 1995: 52].

3. Purpose of the Treatises of Prophetic Medicine

There are various theories regarding the purpose of the treatises of Prophetic medicine in the preceding researches. Bürgel and Ullman believe that Prophetic medicine was created

⁶ Shams al-Dīn Muḥammad b. Aḥmad b. ‘Uthmān b. Qāymāz al-Dhahabī (1274–1348), who was from Turkmenistan, was a prominent hadith scholar and historian, and he stayed in Damascus for most of his life [Perho 1995: 34]. Shams al-Dīn Abū ‘Abd Allāh Muḥammad b. Muflīh al-Maqdisī (d. 1362) was born in Jerusalem. He later moved to Damascus, where he learned Hanbalite jurisprudence. Thereafter, he served as a deputy to the Hanbalite *qāḍī al-quḍāt* [Perho 1995: 43].

to oppose the alien Greek medicine [Bürge1 1976: 46; Ullman 1978: 5]. According to them, earlier Prophetic medicine included only the usage of drugs and other remedies that are mentioned in the Qur'an and the hadith; thus, it had no chance of winning the battle against its scientific competitor unless it began including scientific elements as well. This endeavor of mixing the elements of Galenic medicine with those of Prophetic medicine resulted in the introduction of magic and religious superstitions into the rational system of the ancients [Bürge1 1976: 58].

However, Rahman insists that the inclusion of Greek elements in Prophetic medicine has little to do with challenging the "pagan Galen." Instead, he states that the authors of Prophetic medicine combined traditional medicines and maxims with the principles of Greek medicine. Further, Rahman believes that this was primarily an attempt on the part of certain theological authorities to make available to Muslims a kind of handbook, such as "medicine made easy," for the sake of benefiting as many as possible. According to Rahman, the other purposes of the treatises of Prophetic medicine were to (1) spiritualize medicine, (2) increase its religious value, and (3) bring it to the center of Islamic concern. It may be argued that theologians, who were entrenched opponents of philosophy and its typical representatives like Ibn Sīnā were anxious to wrest medicine from them and "Islamize" it by making it independent of philosophy and its presuppositions [Rahman 1998: 42].

In this regard, Conrad believes that Prophetic medicine combined humoral medical axioms, aphorisms, and basic precepts with popular folklore, common-sense traditions, and religious dictums. Further, Conrad states that Prophetic medicine offered advice on the use and efficacy of many of the items in the *materia medica*. Thus, similar to the literary works of physicians, the Islamic society in this case aimed to appropriate medicine on its own terms, albeit at a more popular level [Conrad 1995: 124].

Dols proposes that the purpose of the treatises of Prophetic medicine was to offer guidelines to achieve physical well-being, including everyday etiquette; these guidelines were based on the life of the Prophet and his words. Moreover, Dols states that proper conduct or healthy living is determined by the hadith; what is proper is governed by the example of the Prophet, and what is healthy is usually defined according to the Hippocratic ideal of moral and physical equilibrium. Thus, it is evident that Dols clearly distinguishes between the roles of Prophetic and Greek medicines [Dols 1992: 244].

Perho believes that the authors of Prophetic medicine did not deny Greek medicine. He states that Prophetic medicine was an attempt to bring forth a new form of medicine, one that would combine Islamic teachings with Greco-Islamic medical theory [Perho 1995: 79]. According to Perho, the authors of Prophetic medicine considered it their duty to instruct their readers on how the guidance of the Prophet can be respected in formulating medical theory and in treating illnesses [Perho 1995: 5]. Further, Johnstone also states that Medicine of the

Prophet by Ibn Qayyim al-Jawzīya provides a combination of medicine and religion made available to the general public at the time [Johnstone 1998: xxiii].

Savage-Smith insists that the purpose of the treatises of Prophetic medicine was to attest to the religious value of medicine by asserting that medicine represents the highest service to God, and to appropriate the medicine of Islam rather than allow it to be dominated by foreign traditions [Savage-Smith 1996: 927]. According to Savage-Smith, from a medical standpoint, there is no comprehensive or consistent underlying theory in Prophetic medical texts; this is because they are based on the fragmentary knowledge of pre-Islam and early Islamic practices. From a philosophical viewpoint, however, Prophetic medicine presents a medical system based upon religious or supernatural authority [Savage-Smith 1996: 928–929].

Further, Savage-Smith points out that we do not know the names of any of the practitioners of Prophetic medicine, particularly in comparison to the number of Prophetic medicine treatises available. The reason for this may well be that the sources for these treatises are for the most part skewed toward the Greek-based system, omitting details about other practices. Regardless, Prophetic medicine proliferated in an attempt to preserve the medical knowledge of the Prophet and to prevent the intrusion of foreign elements to the point where they dominate. Thus, the growth of this genre of medical literature was not a direct threat to “scientific” or “rational” medicine; further, it was not single-handedly responsible for the decline of science and medicine. On the contrary, Prophetic medicine was symptomatic of a frame of mind that was being adopted by an increasing proportion of society [Savage-Smith 1996: 928–929].

II. Types of Medicine

1. Categorization of Medicine in Zanzibar based on Preceding Researches

In this chapter, I will refer to preceding researches related to the classification of medicine in Zanzibar. *Memoirs of an Arabian Princess from Zanzibar* written by E. Ruete is a precious source of information for learning about life in Zanzibar under the Bu Said dynasty during the nineteenth century [Ruete 1989(1888)]. Ruete was one of the daughters of the Sultan of Zanzibar; her given name was Salma. However, after she fell in love with a German merchant, she moved to Germany [Ruete 1989(1888): xv].

In the chapter titled “Diseases and Medical Treatment: Possessed People,” she states that people in the East grow up without paying any particular attention to their body or health. According to her, the detestable practice of cupping plays a significant role in healthcare. It is often utilized to treat cholera and smallpox as well as many other illnesses; this is because the release of blood is considered to be a universal remedy for all kinds of ailments. Further, it is employed as a preventative remedy; people who are in good health have themselves cupped at least once a year [Ruete 1989: 205].

In the case of severe illnesses, only God's aid is invoked; to this end, sentences from the Qur'an are considered to be the best cure. A devout person writes these passages with a solution of saffron on a white plate. The writing is then dissolved with water, and the entire mixture is consumed by the sick thrice a day. In fact, Ruete states that at one time, she herself opted for this remedy during a violent attack of fever [Ruete 1989(1888): 206]. Further, she mentions that when she was down with typhoid, her aunt resolved to seek the help of a European doctor because none of her Arab or Swahili remedies were effective [Ruete 1989 (1888): 207].

In addition, Ruete states that she cannot remember any child who had not been possessed by a spirit at least once. Moreover, she believes that a newborn child who is more restless and more inclined to cry than usual must surely be possessed, and therefore, the task of exorcising the spirit must immediately be undertaken. Further, Ruete states that adults are also frequently possessed, and most of them are women.⁷ Convulsive attacks, want of appetite, general apathy, the desire to remain alone in a dark room, and other such propensities are regarded as definitive symptoms of possession [Ruete 1989(1888): 211–212]. While Ruete regards Western medicine to be more effective, she believes in the efficacy of Islamic treatment for illnesses caused by spirits.

W. H. Ingrams, who worked as a private secretary to both the British resident and the Sultan of Zanzibar until 1927, wrote a detailed ethnography. Here, I will refer to three chapters in his book titled "Religion," "Medicine," and "Magic." First, Ingrams divides religion into three categories: Islam, animism, and superstition. With regard to Islam, he states that the veneer of Islam is nothing more than a flimsy veil for the simpler beliefs of the African people [Ingrams 2007(1931): 433]. With respect to animism, he states that in addition to *she(i)tani* and *jini* from Arab, there are native spirits such as those who live in the *kuzimu*, *mizimu*, *pango*, *zimwi*, *pinga*, and *mizuka*, each in a special area and place [Ingrams 2007(1931): 435–437]. Further, Ingrams mentions some cases wherein people were possessed by the *jini*. As for superstition, he only describes some traditions related to good and bad luck. For example, handing a pair of scissors to another is considered to result in bad luck; thus, people should put down the scissors and let the other person pick them up [Ingrams 2007(1931): 440].

With regard to medicine, Ingrams mentions that only two surgeries were practiced, namely, cupping and circumcision [Ingrams 2007(1931): 441]. Further, he states that most physicians primarily used herbs to cure illnesses. Moreover, the practice of a medicine man, known as *mganga*, was carried down through generations [Ingrams 2007(1931): 443]. Most of the *mganga* were called in to treat syphilis resulting from witchcraft, excessive menstruation,

⁷ Ruete informs that nearly 50% of the women who possessed were Abyssinian women [Ruete 1989 (1888): 211].

rupia, syphilitic sores, vomiting, impotency, swelling, delayed child-birth, stomachache, and sores; they were also called in during pregnancy and for abortion [Ingrams 2007(1931): 445–449].

Lastly, in the third chapter, Ingrams deals with magic. Here, he discusses both white and black magic. Further, he states that white magic was performed by the *mganga* [Ingrams 2007(1931): 455]. Ingrams informs that white magic was mostly used to treat ailments, make love charms as well as charms to ward off evil, and prepare a recipe for invisibility. Further, magic was used in the feats performed at the *maulidi* (celebration of the birth of the Prophet) [Ingrams 2007(1931): 456–465].

Black magic was practiced by the *mchawi*, a wizard, whose scope of magic was entirely evil [Ingrams 2007(1931): 466]. The *mchawi* was regarded as someone who could become invisible, morph into animals, raise the dead, and prepare medicines to harm or kill one's enemy. Further, Ingrams states that in order to kill one's enemy the *mchawi* could cast a spell and send a snake to bite someone or make one's enemy become unconscious [Ingrams 2007(1931): 474].

J. S. Trimingham discusses popular religion in his book titled *Islam in East Africa* [Trimingham 1964: 112–125]. He divides popular religion into four categories: Islam, kinship rituals (including vestigial practices related to ancestral spirits and rituals involved in the rites of passage), animism (involving the worship of spirits), and magic (including indigenous *uganga* and Islamic magic) [Trimingham 1964: 112].

With regard to the cult of spirits, Trimingham categorizes it into (1) cult of the dead, (2) cult of local spirits, and (3) cult of possessive spirits.⁸ With regard to the cult of the dead, Trimingham states that ancestors were often requested to intercede or mediate with God. Further, these practices and rituals served the same function as feasts in the old days in that they affirmed the unity and solidarity of a family [Trimingham 1964: 115]. With respect to the cult of local spirits, it was believed that these spirits resided under a tree or rock, in a dense thicket, in a cave, on a hillside cleft, in old ruins, or in a special spirit hut. Individuals would visit these places and call upon them to heal a child, etc. Further, cultivators, hunters, and fishermen would propitiate these spirits for protection and success in their profession [Trimingham 1964: 117]. In the Swahili society, this form of cult (*ngoma ya kupunga pepo*) is concerned with spirits known as *pepo*. If anyone experienced attacks of hysteria or certain other types of illness, he/she would consult a diviner (*mganga*). If the diviner diagnosed the involvement of a *pepo*, advice on the method of treatment was given accordingly [Trimingham 1964: 114–118].

In relation to non-Islamic medicine, magic, sorcery, and witchcraft, Trimingham

⁸ Although Trimingham mentions Islamic spirits as the fourth category, he states that these spirits have not been integrated into the established spirit scheme [Trimingham 1964: 114].

proposes that although little is known about these methods of treatment, they are the most widespread and popular.⁹ However, it should be noted that Trimingham also stated that it is the fear of these treatments that exists and consequently results in their popularity [Trimingham 1964: 120–121].

Trimingham believes that the practitioners of Islamic magic manipulate sacred texts so as to wield both knowledge and power. Further, Trimingham states that a practitioner may also practice traditional medicine including written and native charms. Further, he may create amulets, recite the Qur'an, and offer prayers. Trimingham regards this Islamic magic as secondary [Trimingham 1964: 122–125].

Nisula's research provides information on (1) Western medicine, (2) the practice of rituals related to good spirits or spirits that did not possess people, and (3) the practice of rituals related to evil spirits or spirits that possessed people, during the period after the Zanzibar revolution (1964). For example, Nisula mentions rituals related to *mzimu*. According to Nisula, *mzimu* is not only the name of a place but also a custodian of land and water. Therefore, *mzimu* is venerated with communal rituals, and people make offerings and prayers. On the other hand, evil spirits include *jini*, *pepo*, and *she(i)tani*, and these are the spirits that often possess people. If someone becomes possessed by a spirit, he/she would then visit a practitioner. While it can be concluded that people chose various types of medicine according to their difficulties or ailments, Nisula, in her research, classifies all practices and methods of the treatment, barring Western medicine, as being related to possession by the *jini* [Nisula 1999: 39–47].

In his research, Kim adopts binary opposition; “official Islam” against “popular Islam.” He regards the spirit possession of the Swahili people as an element of popular Islam [Kim 2002: 189–202]. Moreover, he mentions a ritual known as “*ngoma ya kupunga majini/mashetani*” as the integration of Islam, Islamic customs, and other popular Islamic practices. Kim analyzes the extent to which Islamic and African elements are combined in this practice. In this ritual, a practitioner recites the Qur'an, performs *zikri* (the practice of repeating the name of God), and uses a talisman.

In his historical Islamic research of the people along East African coast until 1900, Pouwels refers to the binary opposition; “town learning” against “bush learning.” He explains that the *uganga* is a collection of the medical knowledge comprising non-Islamic knowledge from the nearby mainland or from the bush country [Pouwels 1987: 90]. With regard to “bush learning,” Pouwels refers to cutting of the skin, cupping, the use of hot and cold surfaces, and ancestral knowledge of medicine as the elements of practice [Pouwels 1987: 89–92].¹⁰

9 Trimingham himself did not conduct his research [Trimingham 1964: 121].

10 On the other hand, Pouwels admitted that some of the practitioners of “town learning” also practiced *uganga*, and we can find both African and non-Islamic elements in “town learning” [Pouwels 1987: 89].

In previous researches, most researchers have regarded Islamic elements as being combined with African elements. Therefore, Islamic elements were regarded as “Swahili tradition,” which is only the pretense of Islam. Moreover, in the preceding researches, researchers have employed binary opposition; popular Islam against official Islam and non-Islamic bush learning against Islamic town learning. In this framework, Islamic methods of treatment have been divided into categories that include African and animistic elements.

However, some philological researchers have questioned this approach. Declich analyzed nineteenth-century Arabic writings on healing and concluded that these texts indicate that at least some of the learned religious elite maintained detailed and specialized knowledge of healing [Declich 2004]. They were a diverse group, including members of the *ulama*, Ibadi *qadis*, civil servants, royal advisors, and confidants, and they were all closely associated with the Bu Saidi court [Declich 2004: 266].¹¹ According to Declich, the Zanzibari court was home to the Omani *ulama* whose knowledge of healing was articulate and coherent. Thus, these people were heirs to the classical tradition of Islamic medicine, and at the same time, they were learned healers [Declich 2004: 273]. Further, the Islamic knowledge was maintained by the Ibadi elites and the works were popularized among the religious scholars. In other words, Islamic methods of treatment were known to the Islamic elite and were brought from Oman.

2. Classification of the Medicines in Zanzibar

In the previous chapter, I described the types of medicine according to the preceding researches; subsequently, I concluded that Islamic methods of treatment have not been valued properly. In this chapter, I will present my classification based on field research that was primarily conducted in Zanzibar. The field research included interviews with twenty Zanzibaris (seventeen men, three women). The interviews included questions related to their medical history and treatments. The contents of the questionnaire were as follows: history of illnesses, method of treatment, preventive customs to maintain health, family medical history and treatment methods, etc. In addition, I questioned them about places where they went for treatment and how often they visited these places.

2-1. Western Medicine

Based on my field research, I found that the people in Zanzibar mostly rely on Western medicine.¹² Most of them stated that when they were ill, they visited a hospital. They regarded Western medicine as an immediate, reliable, and effective method of treatment.

¹¹ Declich refers to Muḥammad b. ‘Alī b. Muḥammad al-Mundhirī (d. 1869), Sulaymān b. ‘Alī b. Muḥammad al-Mundhirī (d. c. 1887), and Nāṣir b. Jā‘id b. Khamīs al-Kharūṣī (1778–1847) as the people who were concerned with medicine. Both of them were Islamic scholars who held important positions at the Sultan’s court [Declich 2004: 266–268].

¹² During Nisula’s fieldwork (1992–1993), the government health services on the islands of Zanzibar included 120 primary health care (PHC)-units, 4 PHC-centers, 4 general hospitals, 1 maternity hospital, and 1 mental hospital; the total number of hospital beds was about 800 [Nisula 1999: 199].

Since Tanzania's political ideology emphasizes socialism, treatment at the official hospitals and clinics in the region is free of charge. However, the respondents mentioned that the doctors and nurses were poorly paid and that the quality of their treatment was not good. As a result, many people visited private hospitals or clinics, even if it meant paying for treatment and medicines.

During my fieldwork, I found that the most common illness in Zanzibar was malaria. Among the respondents, fifteen out of the twenty had been afflicted by malaria, and eleven of them had visited a hospital for treatment using Western medicine. Further, the respondents mentioned that they only visited a hospital for serious illnesses and injuries; on most occasions for small injuries and minor ailments, they purchased over-the-counter drugs. For example, for a headache, they would take Panadol (an analgesic, antipyretic drug).

2-2. Chinese Medicine

At Migombani, near Stone Town (the capital of Zanzibar), there is a two-story building called the China-Zanzibar Friendship Dispensary.¹³ In the office, I found some models and posters of the human anatomy, highlighting different parts of the body and the manner of medical examination. With regard to drugs, this dispensary uses only Chinese chemical medicines, not traditional Chinese herbal medicines.

2-3. Korean Medicine

The clinic of Korean medicine is located at Darajani, also near Stone Town. I was unaware of the fact that the doctors at the clinic practiced Korean medicine until I directly interviewed them; earlier, my informants had mentioned that the clinic prescribed Chinese medicine.

The doorplate of the Korean medicine clinic reads as follows in English: "Oriental Traditional Medicine Clinic." Next to the name, various illnesses for which treatment is provided were listed in Swahili. The first floor houses the waiting room or reception area and is always filled with patients. The inside area is divided into five parts, and this where the doctors attend to the patients. The doctors informed me that they use powder and tablets made from traditional Korean medicine for treatment.¹⁴

2-4. Ethnic Medicines (Maasai and Sukuma)

In Zanzibar, various ethnic medicines are also used. They are collectively referred to as "*tiba ya asili*" in Swahili, which means "natural medicine." Further, in Zanzibar, *uganga* and medicine of the *Sunna* (see 2-2-6 and 2-2-7) also sometimes referred to as "*tiba ya asili*."

During my fieldwork in Zanzibar, I interacted with the Maasai and Sukuma people and learned about their ethnic medicines. The Maasai put their medicines into traditional

13 When I visited the clinic, the director of dispensary was not present. I thus spoke with an obstetrician-gynecologist who worked at the clinic.

14 Since I visited the clinic without any prior appointment, they were cautious of me and refused to respond to most of my questions.

handmade necklaces and bracelets and sell. They obtain their herbs from their hometown of Arusha (which is one of the larger cities in Tanzania at the foot of Mount Kilimanjaro).

The Sukuma have a clinic in Stone Town, and it is called the “Matunge Herbalist Clinic.” Matunge is the director’s name. The Sukuma also have other clinics in Zanzibar and mainland Tanzania (Mwananyamala, Dar es Salaam, and Mwanza). Advertisements of their clinics and medicines are broadcast on the radio, and they also have a website.¹⁵ In their advertisements, the Sukuma provide a list of the illnesses that they can treat; some of the illnesses include chronic high (low) blood pressure, diabetes, and asthma. Similar to the Maasai, the Sukuma also obtain their herbs from their hometown; these herbs are processed into tablets.

2-5. Ayurvedic Medicine

Ayurvedic medicine is native to the Indian subcontinent; it is an ancient system of healing using traditional medicines. One of my Indian informants (fifties, man, photographer) mentioned that Ayurvedic medicine is a slow method of treatment (8 August, 2007). Further, he stated that the Ayurvedic herbs shop founded by an Indian provides many medicines that are imported from India. Moreover, an herbal shop located in Stone Town is one of the oldest one in Zanzibar and is a popular herbal medicines shop. In fact, many *mganga* also buy their goods from here (further discussed in the next chapter).

2-6. Medicine of the *Sunna*

The medicine of the *Sunna* is called “*tiba ya Kisunna*” in Swahili. “*Sunna*” originally means “custom” in Arabic, and “custom of the Prophet” in Islam.¹⁶ “*Tiba*” is derived from the Arabic word “*ṭibb*,” meaning “medicine.” Therefore, the literal translation of “*tiba ya Kisunna*” is “the medicine of the custom of the Prophet.”

A person who practices the medicine of the *Sunna* is called a “*mwaliimu*” or “*ustaadh*,” both of which means “teacher.” This is perhaps because most of these practitioners are also engaged in teaching at Qur’anic schools and mosques.

One of my informants (thirties, female) mentioned that she drank honey mixed with black seed when she had malaria (August 18, 2007). Another one of my informants (forties, male) has a street stall on a bench where he sells Islamic books. Since he has been involved in selling books related to the medicine of the *Sunna* for the last three years, he recognizes the efficacy and practice of the treatment in his daily life. He states that when he was suffering from lower-back pain, he went to the hospital and also used the medicine of the *Sunna* (August 18, 2007). Further, others also rely on the medicine of the *Sunna* when their health is in poor condition and/or they are mentally exhausted (for more details, see chapter 3).

Further, the medicine of the *Sunna* can also be used to treat problems caused by the *jini*.

¹⁵ Matunge Herbalist Hospital: <http://members.fortunecity.com/matunge/> (10 November, 2009).

¹⁶ “*Ya*” means “of” in Swahili.

Here, I will briefly describe the character of the *jini*. Both *uganga* and the medicine of the *Sunna* regard the *jini* to be cause of the poor physical condition. The word “*jini*” is derived from the word “*jinn*” in Arabic, meaning spirit. The concept of the *jini* has been prevalent since the inception of Islam. The Qur’an mentions that the *jini* was created from fire and humans were created from mud (Q 55: 15). While some of the *jini* are good, others can be bad and may attack people; these are also known as *shayṭān*.

In Zanzibar, a *shayṭān* is called *she(i)tani*. *She(i)tani* is used mostly to refer to the bad *jini*. Thus, in this paper, I have used the word “*jini*” when used by the interviewees been interpreted to mean bad *jini*. An elderly Islamic intellectual stated that the ratio of *jini* to humans is nine to one, and because the *jini* prefer the sea, there are many *jini* in Zanzibar island (Michenzani, Zanzibar. August 8, 2007).

In Zanzibar, almost all the people have either experienced being possessed or have witnessed another being possessed by the *jini*. One day when I visited my friend’s house, we heard a woman’s cry. My friends explained that she was possessed by the *jini*. I was informed that when possessed, the person may cry, move their body back and forth, talk unusually, and suddenly become unconscious.

Further, most of the practitioners of the medicine of the *Sunna* stated that about eighty to ninety percent of the problems of the patients who visit them are caused by the *jini*. In addition, most of the patients are women because, according to them, women are prohibited to pray during their period, and thus, they cannot protect themselves from the *jini*.

Moreover, it is believed that there are various types of *jini*: female or male; Muslims, Christians, Judaists, or followers of other religions; humans or animals; Zanzibaris, Africans from mainland Tanzanian, Arabs, Ethiopians, or Europeans and so on. If one is possessed by the *jini*, he/she will speak and act as if he/she were the *jini*. Further, if an unmarried woman was possessed by a male *jini*, she will not want to engage in sexual intercourse with anyone other than her *jini* in her dream, thereby missing the opportunity to get married.

In addition, they believe that the *jini* can freely change its shape. Thus, if one is possessed by the *jini* of a snake, he/she will wriggle his/her body back and forth. If it is the *jini* of a baboon, he/she will rub his/her hands together. For example, a woman in her twenties informed me that she had the *jini* of a snake in her ear, and whenever the practitioner would recite the Qur’an near her ear, or if she would listen to the Qur’an, she would and become displeased. (August 20, 2007).

Since the Qur’an mentions the *jini*, all Muslims believe in its existence. However, some Muslims believe that sometimes a person may not be possessed by *jini* and may not require treatment to remove the *jini*, but the practitioner will tell them that they are possessed only to make money. For example, one day, a friend of mine became angry when I informed him that I had visited the practitioners of *mganga* and the medicine of the *Sunna* who treat illnesses

caused by the *jini*. He stated that their practices were not based on Islam, and that by going there, I would also go to hell. However, after a few months, when he was having difficulty in talking and moving his body, he visited the *mganga* with his sister; the practitioner informed him that the cause of his troubles was the *jini*. He thus decided to stay at the practitioner's house and began to recover. Thereafter, when I asked him why he did that when he had earlier said that he did not believe the treatment of *mganga*, he stated that he now believed it.

Similar to this friend of mine, there are people who insist that they do not believe in the illnesses caused by the *jini*; however, the existence of the *jini* is engraved in their memory since their childhood through the experiences and information passed on from the others.

2-7. *Uganga*

“*Uganga*” is an abstract noun derived from the verb “*ganga*,” meaning “to bound,” “to cure,” and “to fix” in Swahili. *uganga* practitioner is called *mganga* (pl. *waganga*) or *fundi* (pl. *mafundi*: technician, craftsman). In this paper, I have referred to the practitioner of *uganga* as *mganga*.

The knowledge and skills of a *mganga* are passed down to him/her from his/her parents and grandparents, who in many cases were also *mganga*; he/she may also acquire information through communication with other *mganga* and Arabic books. People visit *mganga* when their health is in poor condition; they also seek their advice for problems such as female sterility, human relationship issues, spiritual illnesses, and illnesses without a known cause (for more details, see chapter 3).

2-8. Treatment in Church

According to my Christian friend (twenties, male), one time, while washing his body, water went into his ear; this resulted in an earache. Subsequently, he asked a cleric to pray for him. The cleric placed his hand on my friend's ear and prayed for him in Swahili. After two days, my friend's earache was cured; he believes it was the power of God that cured him (August 23, 2007).

My Christian friend also introduced me to the Protestant Church near Stone Town. The church was a concrete building, roofed with galvanized sheet iron; it looked similar to the other houses in Zanzibar. Inside the church, meetings and classes are held every day. I visited the church during a Sunday service; the congregation was singing hymns and tapping their feet and clapping their hands to the rhythm. If anyone was in poor physical condition, treatment was done accordingly. One time, I consulted the cleric about the sudden pain that I would get in my right thigh. I was made to sit on a chair; thereafter, the people surrounded me and began singing hymns. Soon after, the cleric asked me to hug a woman. When I did so, the woman was suddenly drained of energy as if my poor condition has been transferred to her. Later, she returned to normal.

2-9. *Mzimu*

Mzimu is the spirit of the ancestors; it is also used to refer to the treatment that is practiced particularly in Makunduchi, in the southeastern part of Zanzibar. People in Makunduchi refer to the spirit as *mzee* (pl. *wazee*: elder). When the people of the community face a problem, they pray for help at the place where they believe the *mzee* lives. Here, I will provide an example of a girl who was having trouble with her appetite (January 20, 2008). The place where the people believed the *mzee* lived was a big cave under a huge tree. We were required to remove our shoes and black clothes before entering; the practitioner explained that this was because the *mzee* disliked them. At the foot of its roots, the practitioner greeted the *wazee* saying “*Hodi* (May I come in!)” repeatedly. At first, the practitioner recited verses from the Qur’an at four cardinal points. Thereafter, we marked a space for the treatment, and the practitioner burned incense and sang songs to greet the *mzee* in Swahili. If the girl recovered, she would have to visit there again and thank the *mzee* by making some offerings.

2-10. *Ngoma*

“*Ngoma*” generally means “drum” in Swahili; it also refers to the treatment that uses music to make spirits confess their reasons for possessing a patient. Here, I will discuss *kibuki*, which is one type of *ngoma* (August 19, 2007). *Kibuki* is said to originate in Madagascar. The participants are mostly women; however, some men disguised in women’s clothes also take part. Typically, men are not permitted to join a *kibuki*. People prepare a large amount of alcohol and incense, and the women dress up in colorful clothes adorned with hair ornaments. They drink and dance during *kibuki*. The place where the *kibuki* was to take place was enclosed by using tarpaulin. A special CD that is used only for a *kibuki* was played; the music was similar to loud disco music. Thereafter, some women held spears and poles in their hands and shook them. When the spirit entered the patient, the practitioner asked the spirit where he/she has come from, who he/she was, and so on. It is believed that if they are able to clarify the identity of the spirit, the patient will share a relationship with the spirit for his/her entire life. All of the participants in the *kibuki* have their own spirits, and they join in the *kibuki* every time.

2-11. Domestic Medicine

With regard to minor ailments and problems, the majority of the people use herbs, food, and drink; this form of treatment is referred to as domestic medicine (*dawa ya nyumbani*). The most popular herb among the people is neem. In Swahili, it is called “*mwarobaini*,” meaning the “forty”; this is because the tree is believed to have up to forty different uses. In Zanzibar, we can find this tree growing freely in towns as well as in rural areas. People grind the leaves and barks of this tree and eat them as a remedy to cure minor problems. For example, if someone has malaria, he/she will use the leaves as an antipyretic. If someone has a stomachache, he/she will boil the sap of the leaves and drink it. They also use the leaves

topically to cure skin ailments (twenties, male, August 18, 2007; twenties, male, August 22, 2007). Apart from neem, other popular food and drinks are also used for treatment. For example, if one has a sore throat, he/she will drink tea or coffee with grated ginger. Also, if one is constipated, he/she will drink coconut juice.

III. Comparison between the Medicine of the *Sunna* and *Uganga*

In the previous chapter, I classified the methods of treatment prevalent in Zanzibar into eleven categories. In this chapter, I will focus on *uganga* and the medicine of the *Sunna*, both of which are based on Islamic knowledge.

1. Comparison of Treatment Methods

The treatment methods employed by *uganga* and the medicine of the *Sunna* are considerably similar. When possessed by the *jini*, a patient will often cry and shout loudly, some even lose consciousness. Then, a practitioner will ask the *jini* to identify itself with questions such as the following: “Are you Muslim/Muslima (*Wewe ni Mwislamu*)?” “Where do you come from (*Umetokea wapi*)?” “Have you been sent by somebody (*Umetumwa na nani*)?” Thereafter, the practitioner will persuade the *jini* to leave the body of the patient. In doing so, the practitioner will hit the patient’s back and say “go out!” Some practitioners may even recite verses from the Qur’an over a glass of water and then ask the patient to drink it. However, since most of the *jini* are considered to be liars, the stories that *jini* tell at first are often regarded to be untrue. Hence, the first attempt is not always successful. Therefore, the treatment generally continues for more than half an hour, sometimes extending to as long as two hours.

1-1. Treatment Methods of the *Uganga*

Here, I will describe the method of treatment according to the *uganga*. Saidi (twenty-seven, male) suddenly developed pain in his entire body and was having difficulty in talking. Further, he was unable to see clearly and was disoriented. In addition, he would often beat people and cry out suddenly. At first, he visited the hospital; however, upon examination, they were unable to diagnose any problem. Therefore, he then visited the *mganga*, who stated that he was being troubled by a female *jini*. The *mganga* informed him that his former wife had brought upon him the *jini* because she was envious of his success.

Saidi’s treatment was carried out at the *mganga*’s house in Mgambo, a village located in the central part of Zanzibar. Saidi stayed at the *mganga*’s house for a while. On the day of his treatment, two practitioners, his two sisters, a cousin, a mother from Pemba, and an aunt gathered at the *mganga*’s house (November 28, 2007). His treatment began at nine in the morning and continued for an hour. First, one practitioner scattered water at the corners of the cardinal points to lure the *jini* to come toward Saidi. This water is called *kombe*, and in this

case, the practitioner wrote verses from the Qur'an on the white plate with yellow ink made from saffron and poured rose water in it. Thereafter, Saidi recited the verses of the Qur'an and poured the *kombe* on himself to purify his body.

Subsequently, one of the practitioners spread a straw mat along a long and narrow corridor, and everyone sat on it facing each other. Then, Saidi sat down and stretched his legs out in the direction of Makka, which is regarded as the key of all the way, as explained by the practitioner. His body was covered with a white cloth. Next to Saidi, his uncle sat down, facing Makka, and covered his body with a black cloth. This was because according to the practitioners, Saidi was too young to be possessed directly by the *jini*, and hence, the *jini* must first possess his uncle and then move into Saidi's body.



Picture 1: Treatment method of the *uganga*. The practitioner on the left and in the foreground recited an Arabic text, and the one on the right burned incense next to Saidi, who was covered with a white cloth. (Mgambo, November 28, 2007)

During the treatment, all of them first recited al-Fātiḥa, and then one practitioner recited some other verses (chapter 113, 114, etc.). Further, the practitioner also loudly recited an Arabic text, which was written to “*Allāh*” and “*laṭīf*” (kind)¹⁷ on the cover. He repeated the Arabic word “*ajīb*” (answer) several times to urge the *jini* to come and possess Saidi. Another practitioner burned incense on the cloth covering Saidi.

After a while, Saidi's sister began to tremble. I concluded based on the others' responses that she was possessed. Next, his uncle covered in a black cloth suddenly cried out “A!” and rushed toward Saidi. Saidi caught him and put him back where he was. When the practitioner

17 “*al-Laṭīf*” is one of the eulogistic names for God. Here, it seems to be used to mean “The Kind One.”

finished reciting the text, he left the room exhausted. Thereafter, another practitioner began to sing in Swahili. The words to this song were short, and the other members also began to sing along with him, clapping their hands to keep rhythm. The lyrics of the song are as follows:

Mi si mgeni wa ruhani natokea Basara

(I am not an outsider of *ruhani*¹⁸ I came from Basra¹⁹)

Mwana wa jini jini ni hapendi mnara

(A son of a *jini*. *Jini* dislikes a tower ——the meaning is unclear——)

*Wa Saidi Suleimani*²⁰ *na chuchiya yungi manga*

(——The meaning is unclear——)

Ile manga ile ile manga ile

(That is Arab, that is Arab)

Kuna jabari jeupe ruhani majini asali yapo

(There is a white mountain. *Ruhani*, *jini*, there is honey)

Hicho hicho kimanga see ruwa

(Here is ready, come)

Soon after, while everyone was singing, Saidi's uncle started swaying his body back and forth, saying "a, a, a" in a rhythmic manner. This action is referred to as "*zikri*." Although the treatment does not have any direct relation with the *tariqa*, often *zikri* is practiced so as to urge the *jini* to possess him/her.

However, the *jini* did not possess Saidi that day. While Saidi's sister explained that the *jini* did not come at all, Saidi's uncle stated that the *jini* did come, but the *jini* that had possessed Saidi's sister caused interference. Saidi's treatment continued for another day; moreover, he planned to visit Pemba, heeding the practitioner's advice. The practitioner believed that since Pemba was Saidi's hometown and his parents lived there, treatment there would be more successful.

1-2. Treatment Methods of the Medicine of the *Sunna*

In this section, I will present an example of the treatment methods employed according to the medicine of the *Sunna*. A married Arab woman (thirties, female, with three children) was troubled by a *jini*, who was also her lover (*jini mahabba*). According to the practitioner, someone who was jealous of her brought this *jini* into her life. Further, she engaged in sexual intercourse only with this *jini* in her dreams.

During her treatment, an oud was burned. She was made to sit facing Makka and stretch

18 A kind of *jini*.

19 According to the practitioner, Basra is a town in Makka. However, Basra is actually a town in Iraq.

20 Saidi Suleimani is a prophet who took *jini* into his service.

her legs out; she also covered her toes with a *kanga* (a pair of cloth that women wear on a daily basis). When the two practitioners recited verses from the Qur'an near her ears, she immediately began to cry. During the recitation of the Qur'an, she continued to cry loudly. According to the practitioners, she was possessed by the *jini*. Therefore, they repeatedly asked the following questions: "What is your name?" "Who brought you?" "Are you Muslim/Muslima?" Finally, since the *jini* did not reply to the questions, the treatment failed.

After a few days, another attempt was made to treat her. Again, when the Qur'an was recited near her ears, she began to cry loudly. The more she was held down, the more violently she acted. Eventually, she began to bite the arms and hands of the people who held her. The treatment continued for more than two hours, and finally, their efforts were successful as the *jini* began to reveal who he was. According to one of the practitioners, her *jini* was brought by Indian man, who lived in Bububu (a town located north of Stone Town). This man desired to marry her, but could not. Consequently, he became jealous of her and her husband. During the treatment, the *jini* clarified who he was and was persuaded by the practitioner to leave. Finally, the *jini* promised to leave her body (Michenzani, January 6 and 9, 2008).



Picture 2: Treatment method of the medicine of the *Sunna*. The patient (right) with her legs stretched toward Makka, and the practitioner (left) as he recites the Qur'an near the patient's ear (Nungwi, December 25, 2007).

1-3. Comparison between *Uganga* and Medicine of the *Sunna*

As mentioned above, the *uganga* and the medicine of the *Sunna* are similar in purpose in that they both aim to remove the *jini* that is troubling the patient. Moreover, they mainly use Islamic elements in their methods of treatment. However, the practitioners as well as patients of both types of medicines clearly recognize the many differences between them.

The practitioners of the medicine of the *Sunna* attempt to be faithful to the words of the Qur'an and the hadiths. Therefore, they sometimes criticize the treatment methods of the *uganga* and other types of medicine, regarding them as non-Islamic. For example, a

practitioner of the medicine of *Sunna* explained that *uganga* was heretical to a great extent; he highlighted the differences between the medicine of the *Sunna* and *uganga* to prove the correctness of the medicine of the *Sunna* (details in the following paragraphs). Another practitioner stated that because the predecessors of the practitioners of the *uganga* did not know about the medicine of the *Sunna*, their treatment was polytheistic.²¹

On the other hand, the practitioners of the *uganga* insist that the medicine of the *Sunna* is insufficient because it refers only to the Qur'an and the hadiths. These practitioners believe that because there are many different types of illnesses, various methods of treatment are also needed.²² Many practitioners of the *uganga* recognize that their treatment is Islamic in nature so far as they are careful not to lay a trap for anyone.

2. Reference Texts

According to the proceeding researches, it can be concluded that the practitioners of the *uganga* use the following texts with respect to treatment.

- (a) *The Book of Mercy in Medicine and Wisdom (Kitāb al-Raḥma fī al-Ṭibb wa al-Ḥikma)* attributed to Jalāl al-Dīn al-Suyūṭī (d. 1505). It is related to Prophetic medicine.
- (b) *The Sun of the Knowledges (Shams al-Ma'ārif)* by Aḥmad b. 'Alī al-Būnī (d. 1225). The book deals with protective talismans and formulas, and it includes writings related to the art of obtaining benefits through magic, astrology, and divination [Declich 2004: 265].
- (c) *The Shining Suns and Great Treasures (Shumūs al-Anwār wa Kunūz al-Asrār al-Kubrā)* by Ibn al-Ḥājj al-Tilimsānī al-Maghribī. This is a well-known handbook on magic [Declich 2004: 265].

Apart from the abovementioned three texts, there are various other works that the practitioners refer to for treatment. Most of these works include writings on Prophetic medicine, astrology, fortune-telling, charms, etc.

Similarly, the preceding researches indicate that the practitioners of the medicine of the *Sunna* refer to the following works.

- (a) *The Book of Mercy in Medicine and Wisdom (Kitāb al-Raḥma fī al-Ṭibb wa al-Ḥikma)* attributed to Jalāl al-Dīn al-Suyūṭī (d. 1505). The book deals with Prophetic medicine.
- (b) *The Prophetic Medicine (al-Ṭibb al-Nabawī)* by Ibn Qayyim al-Jawzīya.

Thus, it can be concluded that the practitioners of the medicine of the *Sunna* primarily refer to works on Prophetic medicine. However, *The Book of Mercy in Medicine and Wisdom* also contains information on the use of talismans and charms. In this regard, the practitioners of the medicine of the *Sunna* stated that they only employ those methods that they believe are "Islamic."

21 An interview with Haji Imani, who is the head of the clinic in Nungwi (January 16, 2008).

22 An interview with Aidha Hussayn, a *mganga* living in Makadara, which is 2 km east of Stone Town (January 7, 2008).

In addition, many books pertaining to the medicine of the *Sunna* are published in Swahili; these are available in the market and are intended for general use. The contents of these books can be divided into the following two categories: (1) explanations about treatments that use the verses of the Qur'an and *dua*, and (2) information on treatments using herbs and diets.

The first category primarily deals with treatments using the Qur'an and *dua*. Here, I will explain this category in detail. Saidi Musa (1943–), who is a famous Islamic scholar in Tanzania, has published many books pertaining to the manner in which one can avoid accidents and misfortune. In his house in Dar es Salaam, he welcomes many people who come to him so that he may recite the *dua* for them.

In his book titled *Dua ya Kuondoa Maafa (Dua to Remove Accident)*, Musa first quotes the hadiths in Arabic; he then transcribes it phonetically, following which, he also provides a Swahili translation. At the end of the book, he explains the meaning of the *dua* and provides information on when and where the *dua* need to be recited. For the *dua*, he relies mostly on the hadith of al-Bukhārī, Muslim, and al-Tirmidhī, all of whom are reliable hadith writers. The *dua* in Musa's book can be used, for example, for the following: (1) to remove misfortune, (2) to cure the sick, (3) to protect oneself from the *jini* and the evil eye, and (4) to pray for a happy life. Thus, his *dua* not only pertain to illnesses but also address accidents, misfortune, and the desire to lead a good life.

In relation to the second category, treatments using herbs and diets, I will discuss a book written by al-Riday titled *Kila Ugonjwa Una Dawa Yake (Every Illness Has Its Medicine)*. This book is actually a series, and as of 2008, four volumes have been published. The book is considerably popular among people in general. In his book, al-Riday explains how one can maintain both physical and mental health by using herbs and following specific diets; he also emphasizes the efficacy of each herb and diet. Further, al-Riday states that there are primarily six reasons for poor health: excessively engaging in sexual activities, drinking a lot of water at night, getting insufficient sleep, sleeping more during the day, eating on a full stomach, and avoiding going to the toilet [al-Riday n.d.: 8]. With regard to diets, for example, al-Riday believes that honey can be used to treat a burn, alleviate vomiting, cure pneumonic illnesses, ease pregnancy and delivery complications, enhance postpartum care, and promote sexual energy [al-Riday n.d.: 33–4]. He further clarifies the usage is extremely simple. For example, to treat vomiting, one should boil a few cloves and mix honey in it, and then drink this mixture with a cup of coffee before meals [al-Riday n.d.: 33–4].

In books on dietetic and herb therapies, it is stated that while Western medicines, including chemicals, are immediately effective, they have many side effects, often resulting in other illnesses. Thus, these books propose that the medicine of the *Sunna* is better because it has no side effects, even though the treatment requires more time to be effective.

Further, at the end of these books, a reference list is sometimes provided, and in the references, we mostly find books on Prophetic medicine, such as *Medicine of the Prophetic Medicine* by Ibn Qayyim al-Jawzīya and *The Book of Mercy in Medicine and Wisdom*, attributed to Jalāl al-Dīn al-Suyūṭī. It should be noted that the latter has the elements that the practitioners of the medicine of the *Sunna* regard as “*bid’a*” and “avoid” it. However, it appears that the authors of these books surveyed and chose what they regarded as “Islamic.” In fact, I have never found any information on the usage of talismans and charms in the books of the medicine of the *Sunna*.

Similarly, unlike the books of the medicine of the *Sunna*, I have never found books on *uganga* in Swahili. This is primarily because the knowledge of the *uganga* is typically passed down through generations and is kept a secret.

3. Manner of Treatment

3-1. Recitation of the Qur’an

Recitation of verses from the Qur’an is frequent in the treatments of both the *uganga* and the medicine of the *Sunna*. The most commonly used verses are Sūra al-Fātiḥa, Sūra al-Nās, and Sūra al-Falaq. These three verses are considerably short, and almost all Muslims memorize them. According to some of the hadiths, these verses are said to be effective in removing the *jini*.²³ In addition, chapter 255 (āya al-kursī) of Sūra al-Baqara not only mentions the *jini* but also states that the Prophet recognizes the effectiveness of this verse.

Before the treatment begins, both the practitioners recite the Qur’an and point to the four corners of the room with their fingers; this is done because it is considered that the *jini* tend to stay in the corners of the room. In the medicine of the *Sunna*, practitioners also advise their patients on which verse of the Qur’an is effective against which symptom and the time at which it needs to be recited.

3-2. Listening to CDs or cassettes of the Qur’an

In the medicine of the *Sunna*, listening to CDs of the Qur’an is also a form of treatment; this is because it is believed that the words of the Qur’an in themselves have the power to cure. At the clinic of the medicine of the *Sunna*, practitioners use Qur’anic CD so that many people can listen to the Qur’an at the same time. In addition, it is considered that by placing the speaker on the part of the body that they believe is possessed by the *jini*, the *jini* can easily be

²³ In the hadiths, the following verses are mentioned. As narrated by ‘Ā’isha: “During the Prophet’s fatal illness, he used to recite the Mu’auwidhat (Sūra al-Nās and Sūra al-Falaq) and then blow his breath over his body. When his illness was aggravated, I used to recite those two *sūra* and blow my breath over him and make him rub his body with his own hand for its blessings” [Bukhārī 1994: 883]. As narrated by ‘Ā’isha: “Whenever Allāh’s Apostle went to bed, he used to recite the word “say, Allāh is the only God”, Sūra al-Ikhlās, Sūra al-Falaq and Sūra al-Nās and then blow on his palms and pass them over his face and those parts of his body that his hands could reach. And when he fell ill, he used to order me to do like that for him” [Bukhārī 1994: 885].

removed. Further, if a patient is unfamiliar with the verses from the Qur'an and the manner of recitation, he/she is recommended to listen to Qur'anic CDs or cassettes at home. On the other hand, the practitioners of *uganga* do not utilize Qur'anic CDs and cassettes. It appears that the practitioners of *uganga* place more emphasis on the knowledge that they have succeeded over generations.



Picture 3: Practitioners of the medicine of the *Sunna* placing a speaker on a patient's body (Nungwi, December 25, 2007).

3-3. Recitation of the *Dua*

Both the *uganga* and the medicine of the *Sunna* use *dua* for treatment. However, while practitioners of *uganga* sometimes recite the *dua* for the *jini*, practitioners of the medicine of the *Sunna* never recite the *dua* for the *jini*. They believe that offering prayers for the *jini* results in the worship of the *jini*, not God.

3-4. Recitation of Arabic Books

Arabic texts, with the exception of the Qur'an, are also recited in the treatment methods adopted by *uganga*. In many cases, the contents of the text are aimed at urge the *jini* to possess a patient. In the medicine of the *Sunna*, practitioners never invoke the *jini*; this is because, according to them, such activities also lead to the worship of the *jini*.

4. Items Used for Treatment

4-1. Aromatic Oil

Practitioners of both *uganga* and the medicine of the *Sunna* use various aromatic oils to protect and remove the *jini*. The most commonly used oil is musk (Swahili: *miski*; Arabic: *misk*). In fact, musk is sold not only in perfume shops but also in herb shops and Islamic bookstores. It is believed that the Prophet would use musk every day, and so the people also use it in their daily lives. One of my friends uses musk on her fingers, hands, feet, eyes, nose, mouth, navel, and pubic region before turning in for the night in order to protect herself from

the *jini*. Moreover, one day, when I ate lunch at a practitioner's house, I was surprised because the drinking water smelled of musk.

Further, at one of the clinics, I noticed that people drank a sticky liquid, which was essentially musk mixed with honey, to protect themselves from the *jini*. It was considerably strong and bitter. In fact, after only a few sips, my head began to hurt. At this clinic, the practitioners also poured aromatic oil into the patients' noses.²⁴ According to them, they did this in order to purify the body. I personally experienced this treatment and had the liquid poured into my nose; thereafter, I felt an acute pain in my nose and my tears flowed as a reflex action. The pain then continued for an entire day; however, one woman informed me that she had also felt the same pain but had endured it "in order to purify her mind."

4-2. Incense

Incenses, particularly oud and frankincense, are used for treatment in both *uganga* and the medicine of the *Sunna*. In the case of *uganga*, incense is burned at the beginning of the treatment. Some *uganga* refer to the Arabic book titled *The Time of the Information* to decide what kind of incense to use and to determine the date and time of the treatment. I was informed that there are typically two kinds of incenses, a fragrant one to expel the *jini*, and a foul smelling one to lure the *jini* because the *jini* are believed to prefer dirty things.

4-3. Purified Water (*Maji*: Water to Which the Qur'an Has Been Recited)

Both *uganga* and the medicine of the *Sunna* use water to which the Qur'an has been recited in their treatments. This water is drunk by the patient, poured on his/her body, or applied to a wound, in order to cure the patient and protect him/her from the *jini*. Typically, a practitioner will recite verses from the Qur'an to the water, held in a cup or a bucket. Further, some practitioners may even spit into the water so as to pass the power of the verses from their mouths to the water.

4-4. Herbs²⁵

Herbs are an indispensable part of treatment in both *uganga* and the medicine of the *Sunna*; this is because both practitioners believe that herbs are creatures of God and were also used by the prophets. Therefore, the use of herbs is considered to be in accordance with Islam. The roots, leaves, stems, and seeds of a plant are known the medicine of Swahili (*dawa ya Kiswahili*), traditional medicine (*dawa ya kienyeji*, *dawa ya asilia*), herbs (*mitishamba*), and so on. These herbs are sold at herb shops in and around Stone Town. Further, the central region of Zanzibar is considerably rich and fertile; as a result, various herbs grow there naturally. The usage of these herbs is based on Arabic books and the knowledge from the elders.

²⁴ For this treatment, the practitioners refer to the following hadith, narrated by Ibn 'Abbās: "The Prophet was cupped and he paid the wages to the one who had cupped him and then took medicine sniffed by the nose" [Bukhārī 1994: 874].

²⁵ Practitioners of the *uganga* primarily use herbs for treatment, albeit they sometimes also use the animal skin and/or fat.

4-5. Talismans

A talisman (Swahili: *talasimu*) is an object that is believed to have magic powers. For example, Arabic letters and numbers that are drawn in a square, which is then divided into more squares (2 by 2, 4 by 4, etc.), is considered to be a talisman. Talismans are used as charms, *kombe* (described below), etc. Further, we can also find some Arabic books that provide information on how to make them.

In the medicine of the *Sunna*, talismans are not generally used; this is because, there lies a possibility that people will believe that the talisman itself has the power, not God.²⁶ In addition, it is considered that the Prophet was illiterate, and thus, he could not write letters. The reason why the practitioners of the medicine of the *Sunna* do not use talismans is similar to that of why they do not use charms and *kombe* (as mentioned below).

4-6. Charms (Swahili: *hirizi*)

Charms are made from paper and cloth; verses of the Qur'an and letters and numbers of talismans are written on these charms. Charms are often worn on the neck. They are worn by both newborns and adults for protection against evil; some adults also keep charms in their pockets. Charms are made and used by the practitioners of *uganga*. The practitioners of the medicine of the *Sunna* do not use charms because of the possibility that it may lead to worship of objects.

4-7. *Kombe*

"*Kombe*" actually means a "platter"; however, in Swahili, it also means "Qur'anic medical drink." *Kombe* is made and used by the practitioners of *uganga*. They prepare it in the following manner. First, they dissolve a powder such as yellow saffron or red food coloring in water and prepare an ink from it. Then, they write the verses of the Qur'an and/or letters and numbers of a talisman on a dish, using this ink. Next, they pour water into the dish. This water is known as *kombe*. The patients then carry the *kombe* back home and either drink it or take a bath with it. It should be noted that the practitioners of the medicine of the *Sunna* do not use *kombe* for the same reason that they do not use talismans and charms.

4-8. Songs

The practitioners of *uganga* sing songs during treatment. They do so to lure the *jini* to possess a patient. Further, the meaning of the lyrics of the songs is focused on urging the *jini* to come. In the treatment of the medicine of the *Sunna*, songs are not sung; this is because songs are regarded as unfavorable to Islamic law.

4-9. *Zikri*

Zikri is actually one of the trainings of *tariqa* in which the name of the Allah is recited repeatedly. However, in the treatment methods of *uganga*, *zikri* is performed to lure the *jini* to possess a patient. On the other hand, the practitioners of the medicine of the *Sunna* do not

²⁶ Exceptionally, I did find one clinic of the medicine of the *Sunna* that uses talismans. The practitioners explained me that because they only use the verses of the Qur'an, the use of the talismans is acceptable.

perform *zikri* because they consider *tariqas* to be “non-Islamic,” coming into existence only after the era of the Prophet.

4-10. Divination

The practitioners of *uganga* use divination for treatment. Some of the practitioners of *uganga* inquire about the patient’s name and the names of his/her parents; they then draw a number of vertical and horizontal lines. In this manner, divination is conducted to foresee the future, clarify the reasons for the problem, and determine solutions.

In the medicine of the *Sunna*, on the other hand, the practitioners do not use divination; they believe that only God can know the future. Thus, they explained that to attempt to know the future is blasphemous.

4-11. Sadaka

Sadaka is generally translated into “charity.” However, in the context of the treatment of *uganga*, it means a “reward given to the practitioner.” As a reward, the patients offer the practitioners animals and/or birds such as fowls and pigeons. During the treatment, the animal is placed in the room with its feet tied; it is then held over the incense smoke. Choosing an animal to use as a reward is determined either by divination or on request of the *jini*, which may have been made during the previous treatment session. In some cases, patients also give money to the practitioner as a reward.

In the medicine of the *Sunna*, the offering of such rewards either based on divination or on the request of the *jini* is unacceptable. However, in many cases, practitioners accept money from the patients as a reward, either before or after treatment. This is akin to the reception fees charged at clinics. Some clinics charge a reception fee of shillingi 10,000 (about 1000 yen). This amount is considerably steep for many patients. There are also some reasonable clinics that only charge shillingi 1000 (about 100 yen) per visit, instead of demanding a reception fee, albeit the patients are then required to pay additional fees such as medicine charges.

4-12. Kafara

The literal translation of “*kafara*” is “sacrifice”; however, it has many other meanings such as to protect one’s body from the *jini*, to abstain from alcohol and cannabis, to satisfy the *jini* of a family (*ukoo*), to make one’s life better or worse, and so on. *Kafara* is only used in the treatment of *uganga*. Before the treatment, a practitioner writes the verses of the Qur’an and/or letters and numbers of a talisman on a spherical-shaped food item, such as eggs and coconuts. During the treatment, the practitioner holds these items one by one over the incense smoke and thereafter, destroys them by throwing them on the floor. The remaining *kafara* is destroyed at midnight in a forest in order not to be seen by anyone.

Practitioners of the medicine of the *Sunna* do not use *kafara*; this is because it is not mentioned in the Qur’an. They regard *kafara* to be superstition.

4-13. Others

There are other items that are used in the treatment of *uganga*. For example, during my fieldwork, I found that one practitioner removed the internal organs of a fish and placed a cloth on which the verses of the Qur'an were written in its stomach. Then, he held the fish over the incense smoke and buried it in a graveyard. In another treatment, a patient sat surrounded with candles. The practitioner explained that the candlelight would help bring light into his life. Thus, the treatment of *uganga* uses various methods of treatment based on the knowledge acquired from Arabic books and ancestors.

As is evident, the treatment methods of the medicine of the *Sunna* are more limited than those of *uganga*. Most of the clinics of the medicine of the *Sunna* follow almost the same methods of treatment. Moreover, the practitioners communicate with each other to share information.

Table: Comparison of *uganga* and the Medicine of the *Sunna*

	<i>Uganga</i>	Medicine of the <i>Sunna</i>
Names of the Practitioner	<i>mganga, fundi</i>	<i>mwalmu, ustaadh</i>
Recitation of the Qur'an (<i>kisomo</i>)	○	○
Listening to CDs or cassettes of the Qur'an (<i>kisomo</i>)	×	○
Recitation of the <i>Dua</i>	○	○
Recitation of Arabic Books (with the exception of the Qur'an)	○	×
Aromatic Oil (<i>mafuta</i>)	○	○
Incense	○	○
Purified Water (<i>maji</i>)	○	○
Herbs (<i>dawa</i>)	○	○
Talisman (<i>talasimu</i>)	○	×
Charms (<i>hirizi</i>)	○	×
<i>Kombe</i>	○	×
Songs (<i>nyimbo</i>)	○	×
<i>Zikri</i>	○	×
Divination (<i>ramli</i>)	○	×
<i>Sadaka</i>	○ (present to <i>jini</i>)	○ (practitioner's fee)
<i>Kafara</i>	○	×

Conclusion

The purpose of this paper was to shed light on the medicine of the *Sunna* and to clarify the people's present-day views on Islamic practices. Chapter 1 provided an explanation on Prophetic medicine. Researchers have suggested that the purpose of the treatises of Prophetic medicine was to (1) unite Greek medicine with Islamic teaching, (2) prepare an easy-to-understand guidebook for Muslims, and (3) oppose or challenge Greek medicine. By providing explanations along with Islamic teachings, Prophetic medicine was popularized as a

medical guidebook for the general public.

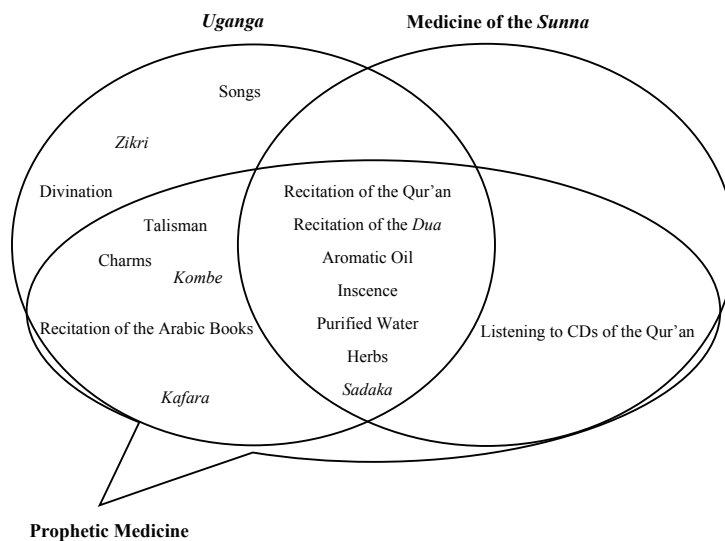
Subsequently, a description of the various types of medicine practiced in Zanzibar was provided in chapter 2. Researchers have considered these types of medicine that include Islamic elements as being unimportant. However, based on my fieldwork, I presented eleven different types of the treatment methods practiced in Zanzibar.

In chapter 3, based on the classification provided in chapter 2, I compared the medicine of the *Sunna* with that of *uganga*, both of which are based on Islam. While both types of medicine are considerably similar, *uganga* employs various methods of treatment based on the knowledge obtained from ancestors and Arabic text. In comparison, practitioners of the medicine of the *Sunna* only adopt those practices that they believe are based on the Qur'an and the hadiths. The use of a Qur'anic CD suggests the extent of importance that they give to the Qur'an and its verses.

In addition, as illustrated by the following figure, the medicine of the *Sunna* and *uganga* are both based on Prophetic medicine. However, while *uganga* also incorporates various other elements, such as *zikri*, songs, divination, etc., in addition to Prophetic medicine, the medicine of the *Sunna* excludes those elements that the practitioners believe are related to the worship of objects and/or that the Prophet did not practice. In other words, the medicine of the *Sunna* is the way of treatment, which Prophetic medicine and *uganga* was investigated based on Qur'an and hadith.

These days, people adhere to the words of the Qur'an and the hadiths strictly. The medicine of the *Sunna* has been accepted by the people and proliferated through the media and teachings at the Qur'anic schools and mosques. Future studies should focus on analyzing the Islamic views of the people over time, in different regions, and among different ethnicities.

Figure: Relation among Prophetic Medicine, *Uganga* and the Medicine of the *Sunna*



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